



**TOWN OF GRAFTON
BOARD OF HEALTH**
30 PROVIDENCE ROAD
GRAFTON, MA 01519
(508) 839-5335 ~ Ext. 1119

Food Establishment Permit Application

*Applications must be completed **in entirety** or they will be returned, resulting in delay of receipt of permits.*

LATE APPLICATIONS (RECEIVED AFTER DECEMBER 13th) WILL INCUR A \$100.00 NON-COMPLIANCE FEE

*(Applications for **New Food Establishments** must be submitted at least 30 days before the planned opening date)*

1) Establishment/Organization Name:		
2) Establishment/Organization Address:		
3) Establishment/Organization Mailing Address (if different):		
4) Establishment/Organization Telephone Number:		Email:
5) Applicant Name & Title:		
6) Applicant Address:		
7) Applicant Telephone Number:		Applicant Cell Phone Number:
8) 24 Hour Emergency Number:		
9) Owner Name & Title (if different from applicant):		
10) Owner Address (if different from applicant):		Telephone #:
11) Establishment Owned By:	12) If a corporation or partnership, give name, title and home address of officers or partner.	
<input type="checkbox"/> An Association/Corporation	<u>Name</u> <u>Title</u> <u>Home Address</u>	
<input type="checkbox"/> An Individual/Partnership	_____	
<input type="checkbox"/> Other Legal Entity: _____	_____	
13) Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager, etc.)		
Name & Title:		C.F.P.M.? <input type="checkbox"/> Yes <input type="checkbox"/> No Attach C.F.P.M. Certificates
Address:		If No - Name of C.F.P.M.:
Telephone Number:	Fax:	Email:
Emergency Telephone Number:		
Allergen Awareness Certificate Holder Name: _____		Attach Copies
Name & Title:		
Address:		
Telephone Number:		

OVER >>>>>>>>>>

Food Establishment Information

15) Water Source: <input type="checkbox"/> Town <input type="checkbox"/> Private Well	16) Sewage Disposal: <input type="checkbox"/> Town <input type="checkbox"/> Private Septic	
17) Days and Hours of Operation:	18) Length of Permit: <div style="text-align: right;"> <input type="checkbox"/> Temporary: Date: _____ Time: _____ </div> <div style="text-align: right;"> <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal: Date: _____ </div>	
19) Person(s) Trained in Anti-Choking Procedures (25 seats or more): Number of Seats: _____ <div style="display: flex; justify-content: space-between;"> Must be on premises during all hours of operation. Please attach current Certificate(s) </div>		
20) Location: (check one) <input type="checkbox"/> Permanent Structure	Menus: Please include copies of all current menus. Please include all food items being sold or served at the event and the source from which they are being purchased. Attach appropriate permit/license (Local, State, Federal).	
21) Establishment Type <input type="checkbox"/> Food Service <input type="checkbox"/> Residential Kitchen/Cottage Food <input type="checkbox"/> Non-Profit How is product marketed and sold? _____ <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> (Check all that apply): <input type="checkbox"/> Retail <input type="checkbox"/> Institution <input type="checkbox"/> Caterer </div> <div style="width: 45%;"> <input type="checkbox"/> Takeout <input type="checkbox"/> Bed & Breakfast Establishment </div> </div> <input type="checkbox"/> Mobile / Must attached a <input type="checkbox"/> Frozen Dessert Manufacturer _____ Soft Serve Ice Cream copy of Grafton Hawkers/Peddlers License and Provide Name and Address of Base of Operation: _____		
22) Food Operations: (check all that apply):	Definitions: TCS – Time/temperature control for safety required. Formally PHF- potentially hazardous food Non-TCS – No time/temperature controls for safety required. Formally non-PHF. RTE – Ready-to-Eat Foods (ex. sandwiches, salads, muffins which need no further processing)	
<input type="checkbox"/> Sale of Commercially Pre-Packaged Non-TCS Foods	<input type="checkbox"/> TCS Food Cooked to Order	<input type="checkbox"/> Hot TCS Food Cooked and Cooled or Hot Held for More Than a Single Meal Service
<input type="checkbox"/> Sale of Commercially Pre-Packaged TCS Foods	<input type="checkbox"/> Preparation of TCS Foods for Hot and Cold Holding for Single Meal Service	<input type="checkbox"/> TCS and RTE Foods Prepared for Highly Susceptible Population Facility
<input type="checkbox"/> Delivery of Packaged TCS Foods	<input type="checkbox"/> Sale of Raw animal Foods Intended to be Prepared by Consumer	<input type="checkbox"/> Vacuum Packaging/Cook Chill
<input type="checkbox"/> Reheating of Commercially Processed Foods for Service within 4 Hours	<input type="checkbox"/> Customer Self-Service	<input type="checkbox"/> Use of Process Requiring a Variance and/or HACCP Plan (including bare hand contact alternative, time as a public health control)
<input type="checkbox"/> Customer Self-Service of Non-TCS and Non-Perishable Foods Only	<input type="checkbox"/> Ice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Offers Raw or Undercooked Food of Animal Origin
<input type="checkbox"/> Preparation of Non-TCS Foods	<input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service
Other (describe):	<input type="checkbox"/> Offers RTE TCS Food in Bulk Quantities <input type="checkbox"/> Retail Sales of Salvage, Out-of-Date or Reconditioned Food	To be completed by the Board of Health Total Permit Fee: _____ Payment is due with application

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the Federal Food Code.

Pursuant to MGL Ch. 62C, Sec. 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid taxes required under law.

23) Social Security or Federal ID Number: _____

24) Signature of Applicant: _____

New construction, remodel or conversion requires an Occupancy Permit from the Building Department in order to receive a valid Food Permit.



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

1. ☐ I am an employer with _____ employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, § 1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance required]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-Profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporation officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury, that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License #: _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____

Contact Person: _____ Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that **"every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required."**

Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, not the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
Tel. # 617-727-4900, ext. 406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia



BOARD OF HEALTH

TOWN OF GRAFTON

GRAFTON MEMORIAL MUNICIPAL CENTER

30 Providence Road

Grafton, Massachusetts 01519

(508) 839-5335 X 1119 • Fax: (508) 839-8559

healthdept@graffon-ma.gov



FEE SCHEDULE

FOOD ESTABLISHMENTS \$100.00
(Includes Milk & Cream)

RETAIL..... \$100.00
(If you check Food Establishment AND Retail you only owe (\$100.00))

MOBILE UNITS \$100.00

CATERERS..... \$100.00

FARMERS MARKET..... \$ 25.00

ONE DAY EVENTS \$10.00 (per day)

NON-PROFIT \$10.00

NON-COMPLIANCE \$100.00